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PTO/SB/34 (08-03)

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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 8733.453.00 | |
| In re Application of Soon-Sung YOO et al. | | | |
| Application Number 09/893,970 | | Filed June 29, 2001 | |
| For LIQUID CRYSTAL DISPLAY DEVICE AND ITS FABRICATING METHOD | | | |
| Art Unit 2813 (insert art unit) | | Examiner Laura M. Schillinger (insert examiner's name) | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) | | \$ <u>500.00</u> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ _____ | |
| <input checked="" type="checkbox"/> A check in the amount of the fees are enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0911</u> . I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> A petition for a one-month extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
| I am the | | | |
| <input type="checkbox"/> applicant /inventor | |  Signature | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| <input type="checkbox"/> attorney or agent of record. Registration number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>40,106</u> | | Eric J. Nuss Typed or printed name | |
| | | (202) 496-7500 Telephone number | |
| | | November 21, 2005 Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. | | | |

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